

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000002754

FILED  
Dec 13, 2004  
Secretary of State

Entity Name: FALCON ORTHOPEDICS CORP.

## Current Principal Place of Business:

1085 EAST 4TH AVE.  
SUITE A  
HIALEAH, FL 33010

## New Principal Place of Business:

1490 WEST 49TH PLACE  
SUITE 350  
HIALEAH, FL 33012

## Current Mailing Address:

1085 EAST 4TH AVE.  
SUITE A  
HIALEAH, FL 33010

## New Mailing Address:

1490 WEST 49TH PLACE  
SUITE 350  
HIALEAH, FL 33012

FEI Number: 30-0016996

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HARO, OSLAIDY  
1085 E.4TH AVE  
SUITE A  
HIALEAH, FL 33010 US

## Name and Address of New Registered Agent:

HARO, OSLAIDY  
1490 WEST 49TH PLACE  
SUITE 350  
HIALEAH, FL 33012 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: OSLAIDY HARO

12/13/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VP ( ) Delete  
Name: BACALLAO, RAUL Y  
Address: 1085 E.4TH AVE,SUITE A  
City-St-Zip: HIALEAH, FL 33010

Title: PST (X) Delete  
Name: HARO, OSLAIDY  
Address: 1085 E.4TH AVE,SUITE A  
City-St-Zip: HIALEAH, FL 33010

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change ( ) Addition  
Name: HARO, OSLAIDY  
Address: 1490 WEST 49TH PLACE , SUITE 350  
City-St-Zip: HIALEAH, FL 33012

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OSLAIDY HARO

PST

12/13/2004

Electronic Signature of Signing Officer or Director

Date